

SGSMT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DECEMBER
AUG 12 2016
Bayfield Co. Zoning Dept.

Permit #: 16-02662
Date: 8-22-16
Amount Paid: \$75.00 Cash
Refund: RDS 8/12/2016

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: David L. Cherry M. Elliott		Mailing Address: W917 Culpeper Dr Bangor WI 54805		City/State/Zip: WI 54805		Telephone: 608-797-0816		Cell Phone: 608-797-0816		Plumber Phone: 608-797-0816		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Address of Property: 83160 Grand Ave		City/State/Zip: Port Wing WI 54855		Contractor Phone: 608-797-0816		Plumber: N/A		Agent Mailing Address (Include City/State/Zip):		Agent Phone:		Plumber Phone:			
Contractor: David Elliott		Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (Include City/State/Zip):		Plumber:		Plumber Phone:		Written Authorization Attached		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (13 digits) 04-042-250-08-29-400-173-13000		Recorded Document: (i.e. Property Ownership) Volume 1160 Page(s) 747		Subdivision: 1st Addn to Port Wing		Lot Size		Acreage 1.299			
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No. 13-16		Block(s) No. 23			
Section 29, Township 50 N, Range 8 W		Township		Port Wing											
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---Continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---Continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Non-Shoreland															

Value at Time of Completion * include donated time & material \$ 5000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water	New Construction		Addition/Alteration		Conversion		Relocate (existing bldg)		Run a Business on Property	
							<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: 32' Width: 32' Height: 26'
Proposed Construction: Length: 19'6" Width: 12' Height:

Proposed Use	✓	Principal Structure (first structure on property)	Proposed Structure	Dimensions	Square Footage	Residential Use		Commercial Use		Municipal Use	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Cheryl Elliott Date 8/12/16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

Address to send permit Attach
If you recently purchased the property send your Recorded Deed

and box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See Attached

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	47/57 Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	53 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	14 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	24 Feet	20% Slope Area on property	UA <input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	70 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	UA Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

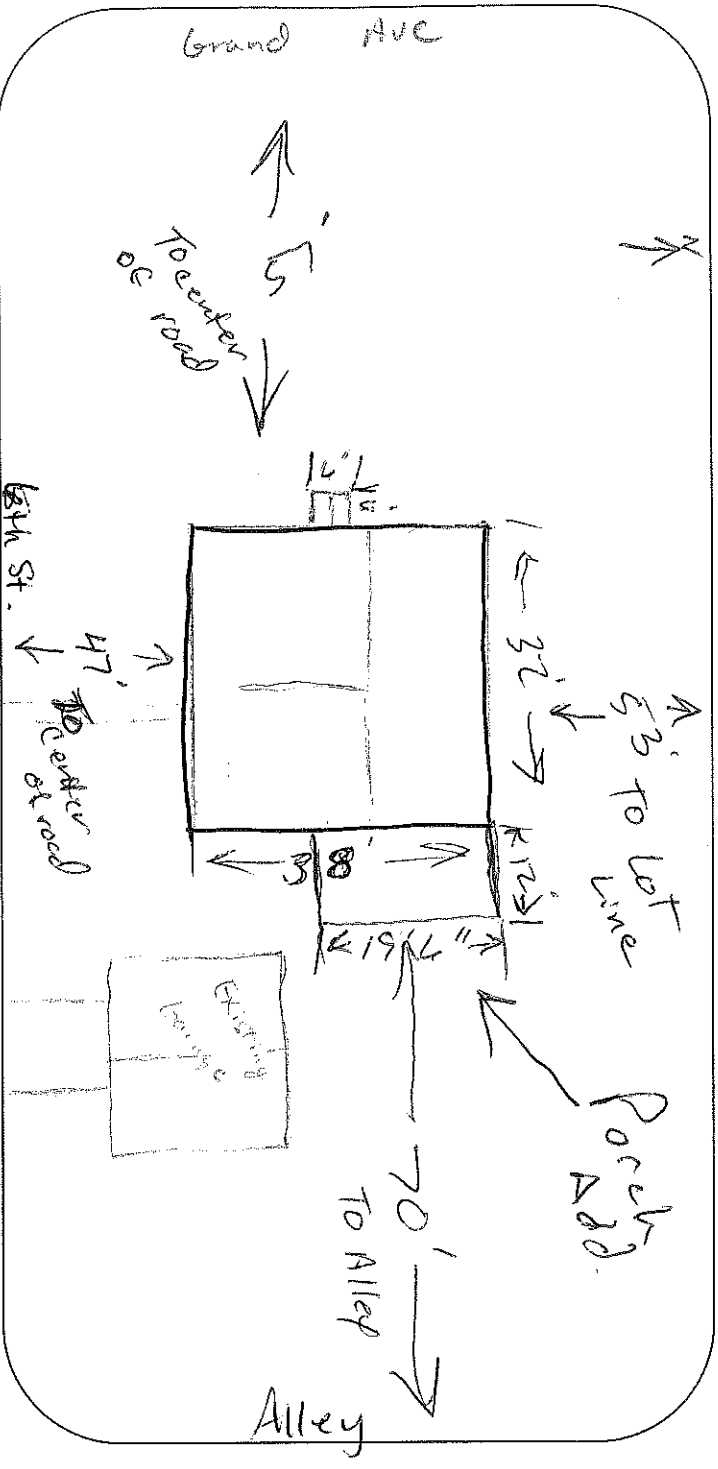
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>16-02602</u>		Permit Date: <u>8-22-16</u>		
Is Parcel a Sub-Standard Lot <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		(Deed of Record) <u>PAF</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		(Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:		Zoning District (R-4)		
Date of Inspection: <u>8-16-16</u>		Inspected by: <u>T. Greenhouse, Murphy</u>		Date of Re-Inspection: <u>NA</u>
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached)				
<u>ANY REQUIRED USE PERMIT OR INSPECTION SHALL BE OBTAINED.</u>				
Signature of Inspector:		Date of Approval: <u>8-16-16</u>		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:			
Permit #: 15-0189		Permit Date: 5-11-15		Municipal approval to connect attached	
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input type="checkbox"/> No	
Is Parcel in Common Ownership		<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	
Inspection Record: site staked. - moved to west 80' width				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
OB Row on GRAND AVE - OLD HOUSE REMOVED				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Inspection: 4-23-15		Inspected by: J. Greenberger - Murphy		Zoning District: R-4	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)				Lakes Classification: n/a	
Setbacks to town Roads still BE OBSERVED				Date of Re-Inspection:	
Signature of Inspector:				Date of Approval: 5-11-15	
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	

PERMIT: COMPLETED APPLICATION: TAX STATEMENT AND FEE TO: Bayfield County Planning and Zoning Department. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
DATE: AUG 03 2016
Bayfield Co. Zoning Dept.

Permit #:	160844
Date:	7/29/16
Amount Paid:	75.00
Refund:	2/135

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☒ OTHER

Owner's Name: Shawn & Jennifer Mailing Address: 85780 City/State/Zip: Nekeche WI, 54844 Telephone: 715 54844

Address of Property: 85780 Shurtz Rd

Contractor: James Collins Contractor Phone: 715-729-5106 Plumber: NA Written Authorization Attached: ☒ Yes ☐ No

Authorized Agent: James Collins Agent Phone: 715 Agent Mailing Address (include City/State/Zip): NA

PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 2 Lot(s) 2 CSM 1793 Vol & Page 10 304/333 Lot(s) No. 10 Block(s) No. 10 Subdivision: 10 Recorded Document: (i.e. Property Ownership) 10 (Pages) 300

Section 14, Township 50 N, Range 08 W Town of: Pat Wipig Lot Size 13.9 Acreage 13.9

☒ Shoreland ☐ Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☒ Yes ☐ No

Distance Structure is from Shoreline: 1200 feet

Is Property in Floodplain Zone? ☒ No ☐ Yes

Are Wetlands Present? ☒ No ☐ Yes

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$20,000</u>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary Specify Type: <u>WELL</u> <input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>WELL</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well
	<u>None</u>				<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 40 Width: 25 Height: 9'8"

Proposed Construction: on existing foundation Length: 40 Width: 25 Height: 9'8"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with a Deck <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with Attached Garage	() () () () () () () ()	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities <input type="checkbox"/> Mobile Home (manufactured date) <u>2000</u>	() ()	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Rebuilt damage done - 25 x 40</u> <input type="checkbox"/> Accessory Building (specify) <u>1000</u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>1000</u>	() () ()	
	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	() () ()	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing this information in full and with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

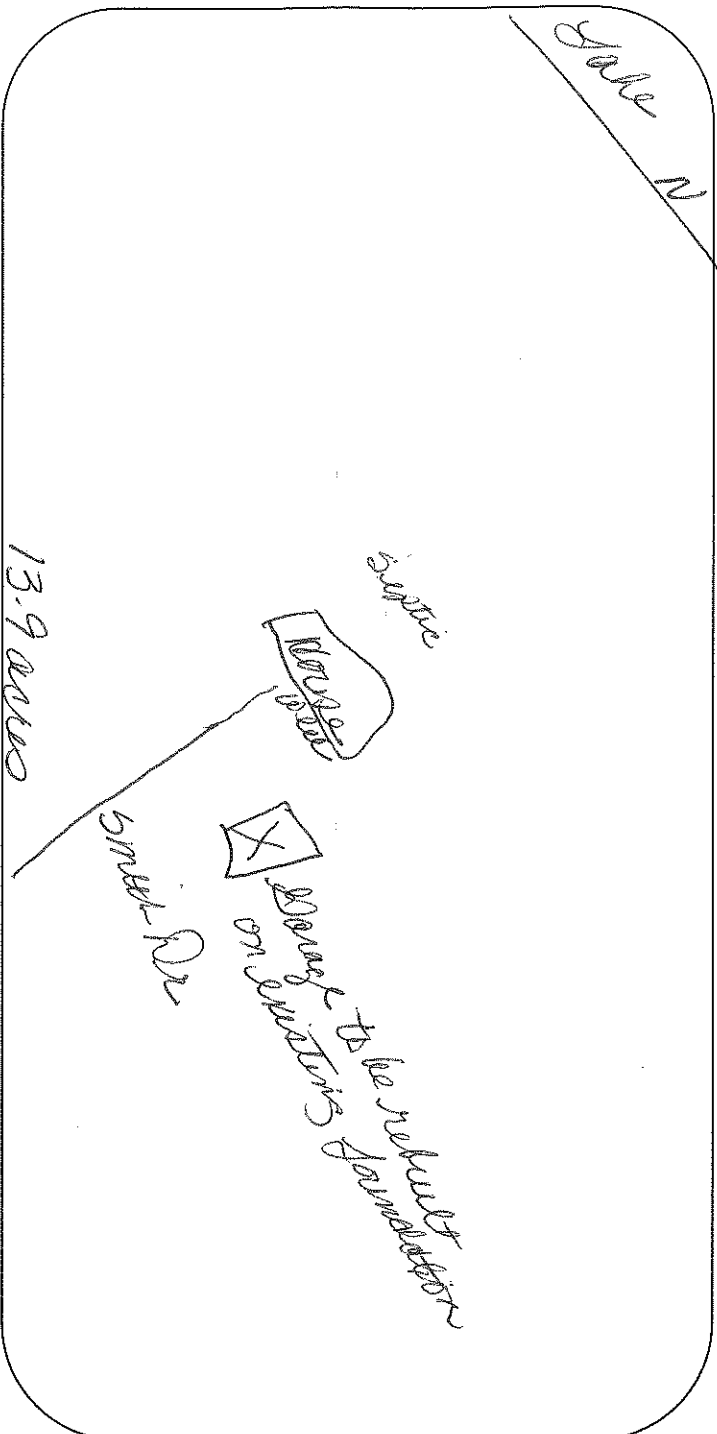
Owners: Shawn & Jennifer Collins
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 7/29/16
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____ Date: _____
Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (4) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	113 Feet	Setback from the Lake (ordinary high-water mark)	1200 Feet
Setback from the Established Right-of-Way	113 Feet	Setback from the River, Stream, Creek	114 Feet
Setback from the North Lot Line	1100 Feet	Setback from the Bank or Bluff	1100 Feet
Setback from the South Lot Line	400 Feet	Setback from Wetland	103 Feet
Setback from the West Lot Line	250 Feet	20% Slope Area on property	22 Feet
Setback from the East Lot Line	700 Feet	Elevation of Floodplain	22 Feet
Setback to Septic Tank or Holding Tank	200 Feet	Setback to Well	70 Feet
Setback to Drain Field	114 Feet		
Setback to Privy (Portable, Composting)	114 Feet		

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For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

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Issuance Information (County Use Only)		Sanitary Number: 44103	# of bedrooms: 2	Sanitary Date: 8-15-16		
Permit Denied (Date):		Reason for Denial:				
Permit # 16-0864	Permit Date: 8-22-16	2% imp. surface within 300 feet of structure				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Used of Record)	No	Mitigation Required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	No	Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Inspection Record:						
Date of Inspection: 8-15-16	Inspected by: J. Schenckel, Mueperts					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection: (R-1) 8-16-16				
Signature of Inspector: [Signature] Date of Approval: 8-16-16						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Bayfield Co. Zoning Dept.
AUG 12 2016

Permit #: 16-0266
Date: 8-24-16
Amount Paid: \$1,015
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:	DAVID & ROBIN OLSON		Mailing Address:	10850 TOUVE RD.		City/State/Zip:	PORT WING, WI 54865		
Address of Property:	10850 TOUVE RD		City/State/Zip:	PORT WING, WI 54865		Telephone:	715-774-3344		
Contractor:	WOODTECH BUILDERS, INC.		Contractor Phone:	906-932-3157		Plumber:	FUTURE PLUMBING		
Authorized Agent: (person signing Application on behalf of Owner(s))	JED ESTOLA		Agent Phone:	906-932-3157		Agent Mailing Address (include City/State/Zip):	219 E FREDERICK ST. PORT WING, WI 54865		
PROJECT LOCATION	Legal Description: (Use Tax Statement)		PIN: (23 digits)	04-042-2-50-08-22-4 04-000-20000		Recorded Document: (i.e. Property Ownership)	Volume 1117 Page(s) 387 387		
W 1/2 of SE 1/4, SE 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	
Section 22, Township 50 N, Range 8 W	Town of:		PORT WING		Lot Size		Acreage		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (ind. intermittent) Creek or landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input type="checkbox"/> No			

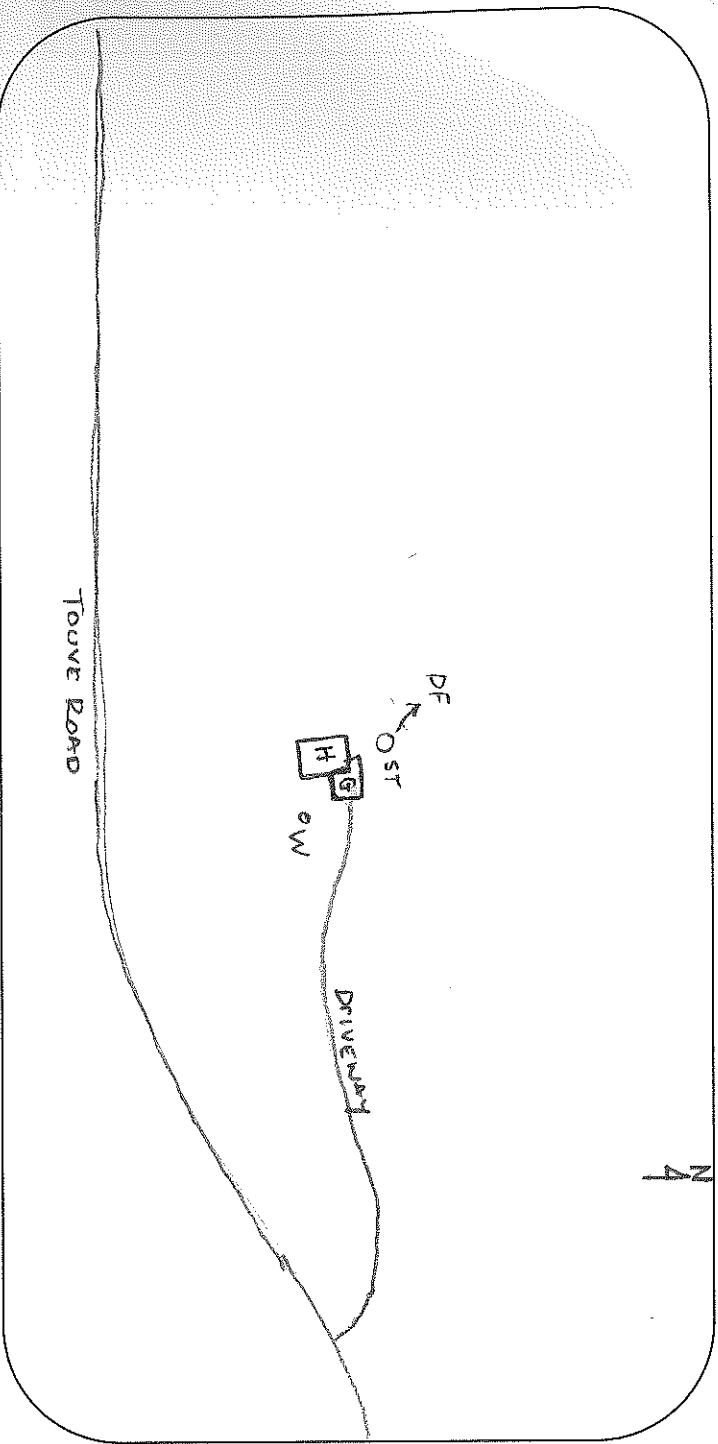
Value at Time of Completion * include donated time & material	\$ 280,000.00	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input checked="" type="checkbox"/> Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (Exists) Specify Type: CONV. <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well		
	Existing Structure: (if permit being applied for is relevant to it) Length: 56'-8" Width: 45'-0" Height: 25'-6"						
	Proposed Construction:						

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft with a Porch with (2nd) Porch with a Deck with (2nd) Deck with Attached Garage	(26' x 42') (26' x 18') (5' x 4') (20' x 8') (5' x 4') (5' x 4') (5' x 4')	1220 20 160 594
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities) <input type="checkbox"/> Mobile Home (manufactured date) _____ <input type="checkbox"/> Addition/Alteration (specify) _____ <input type="checkbox"/> Accessory Building (specify) _____ <input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() () () () ()	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____ <input type="checkbox"/> Conditional Use: (explain) _____ <input type="checkbox"/> Other: (explain) _____	() () ()	
AUG 23 2016			

Bayfield Co. Zoning Dept.
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 8/9/2016
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 219 E Frederick St., Ironwood, MI 49938
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show Location of:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(2) Show / Indicate:	North (N) on Plot Plan
(3) Show Location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' ± Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	100' ± Feet	Setback from the River, Stream, Creek	800' ± Feet
Setback from the North Lot Line	900' ± Feet	Setback from the Bank or Bluff	did not check
Setback from the South Lot Line	100' ± Feet	Setback from Wetland	insufficient info
Setback from the West Lot Line	300' ± Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	200' ± Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	15' ± Feet	Setback to Well	25' ± Feet
Setback to Drain Field	180 Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be certified by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Sanitary Number:	# of bedrooms:	Sanitary Date:
	16-95	

Permit Denied (Date):		Reason for Denial:	
Permit #: 16-0266		Permit Date: 8-24-16	
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #: _____	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record: SHE WAS SPEAKED & SPRAY PAINTED	Zoning District (F-1) Lakes Classification (N/A)		
Date of Inspection: 8-15-16	Inspected by: J. Greenhouse-Murphy	Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, they need to be attached.)			
VDC PERMIT + INSPECTIONS REQUIRED.			
Signature of Inspector:		Date of Approval: 8-16-16	
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>